

**Records Report System  
State of Hawaii**

**Login Request Form**

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**Part A (agency). Please type.**

1. Action type (check one): \_\_\_\_ADD \_\_\_\_CHANGE \_\_\_\_DELETE
2. **Name** (First/ MI/ Last): \_\_\_\_\_ Title: \_\_\_\_\_
3. **Department/Division:** \_\_\_\_\_
4. Telephone: \_\_\_\_\_
5. Fax: \_\_\_\_\_
6. Email: \_\_\_\_\_
7. Password (can be created by user at first login)

***Agency user will have the following access:***

**Add/Edit department records** (authority to ADD, EDIT, and DELETE department records).

**Completion validation** (authority to validate record report content by setting the department's record status to "completed," making record available for public access).

**Lawsuit input** (authority to enter data related to the annual number of UIPA lawsuits filed against this department).

***Department approval (by supervisor or DP coordinator):***

8. Name of supervisor or DP coordinator: \_\_\_\_\_ Title: \_\_\_\_\_
9. Department/Division: \_\_\_\_\_
10. Telephone: \_\_\_\_\_
11. Fax: \_\_\_\_\_
12. Email: \_\_\_\_\_
13. Supervisor or DP coordinator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part B (OIP). For internal use only by OIP/RRS Admin.**

**Login sequence number:** \_\_\_\_\_

**Login ID:** \_\_\_\_\_

**Temporary password:** \_\_\_\_\_

**Initials:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Comments:**

**Agency notified:**

**Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Send by mail, fax, or State messenger to: **Office of Information Practices  
No. 1 Capitol District Building  
250 S. Hotel St., Suite 107  
Honolulu, HI 96813  
Fax: (808) 586-1412**